State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

SUSANA MARTINEZ
Governor

DARIN A. CHILDERS
DIRECTOR

P.O. BOX 27198
ALBUQUERQUE, N.M. 87125-7198
(505) 841-6000
WWW.WORKERSCOMP.STATE.NM.US

RE: APPROVAL OF OUT OF STATE HEALTH CARE PROVIDER

The WCA rules at 11.4.7.10 NMAC set out the requirements for obtaining approval by the Director of out of state health care providers. If you live out of state and would like to see a health care provider in the state where you live, you can ask the Director of the WCA to approve your provider. If the insurance company has already paid this health care provider (HCP), then the HCP is automatically approved and you do not need to submit these documents. If that is not the case and you would like to ask the Director to approve the HCP, you need to file the following documents with the WCA Clerk of Court:

1. Application to the Director;
2. Summons for Application to the Director;
3. Affidavit of Health Care Provider; and
4. Order Approving Out of State Health Care Provider

Your health care provider will have to complete the Affidavit and have his or her signature notarized. Then you will submit it with the Application to the Director, Summons and proposed Order.

You need to contact your insurance company to get their agreement. If they do agree, your adjuster or their attorney can sign the Order and you can submit the entire packet for the Director's signature. If the Insurer does not agree, you will also need to file Request for Setting and Notice of Hearing forms so that the Director can make the decision.

You should fax the paperwork before you send the originals so that an Ombudsman can review the documents in case some changes are needed. Documents can be faxed to (505) 841-6895. If the paperwork is complete, an Ombudsman will contact you and have you submit the completed forms to the WCA Clerk of Court at Post Office Box 27198, Albuquerque, New Mexico 87125-7198.

The Director's approval of an out of state health care provider only makes that provider eligible to provide services to you. It does not mean that the out of state health care provider is an authorized provider in your claim or that the provider's care will be paid for by the insurance company. If there is a dispute over who the authorized health care provider is or whether the medical care is reasonable and necessary, these issues will be decided by a workers' compensation judge.

If you have any questions, please contact an Ombudsman at 505-841-6894 or toll free at (866) 967-5667.

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____,
Worker,

v.

_____, and WCA No.:_____

_____,
Employer/Insurer.

APPLICATION TO DIRECTOR

This form is a mandatory form, as provided for in 11.4.4.9(E) NMAC (2014), and shall be completed for all matters identified in 11.4.4.13 NMAC (2015).

1. Type of injury: ___ Accidental Work Injury or Death ___Occupational Disease
2. Worker's Full Name: _____
   Mailing Address: _____
   City/State/Zip: _____
   Telephone No.: (___) _____
3. Full Name of Employer: _____
   Employer's Address: _____
   City/State/Zip: _____
   Telephone No.: (___) _____
4. Insurance Carrier: _____
   Address: _____
   City/State/Zip: _____
   Telephone No.: (___) _____
5. Health Care Provider: _____
   (*if applicable*)
   Address: _____
   City/State/Zip: _____
   Telephone No.: (___) _____

6. Date of Accident or Death: _____
   a. City and County of accident: _____
   b. Worker's job at time of accident: _____
   c. Weekly compensation rate: _____
   d. Nature of the injury: _____

7. a. What benefit or relief is being sought?

- ☐ Judge assignment dispute, pursuant to NMSA 1978, §§ 52-5-2 and 52-5-5, and 11.4.4.12(C)(4) NMAC.
- ☐ Hearing on an untimely rejection of a recommended resolution, pursuant to NMSA 1978, § 52-5-5.
- ☐ Appointment of Recipient of benefits on behalf of a minor child or incompetent worker, pursuant to NMSA 1978, § 52-5-11.
- ☐ Approval of an out of state health care provider (affidavit of provider shall be attached), pursuant to NMSA 1978, § 52-4-1 and 11.4.7.10 NMAC.
- ☐ Attorney withdrawal, pursuant to 11.4.4.9(P)(1) NMAC
- ☐ Objection to WCA assignment of nurse case management, pursuant to NMSA 1978, §§ 52-4-2 and 52-4-3, and 11.4.7.12(C)(5).
- ☐ Other (specify):_____

7. b. State all reasons supporting this application (be specific; use additional pages, if necessary):
_____
_____
_____
_____

8. a. Is a hearing requested? ___ Yes ___ No [check one]
If yes, the filing party shall submit the mandatory forms for Request for Setting and Notice of Hearing with the Application and Summons, if applicable.
b. Is an interpreter needed for the hearings on this application? ___Yes ___ No [check one]
If yes, what language? _____. If yes, Employer (or filing party) must furnish.

_____
Signature

_____
Filing Party

_____
Filing Party's Address

_____
Filing Party's City, State, Zip

_____
Filing Party's Telephone &E-mail

INSTRUCTIONS FOR USE: A Summons for each responding party shall be filed with the application, if a summons has not been previously issued or if the application reopens the case before the administration. If the Worker is filing this application, the Worker shall also attach Worker's Authorization for Use and Disclosure of Health Records.

Parties with questions may call the Ombudsman Hotline at 505-841-6894 or 1-866-967-5667.

If the application is not an initial pleading, the filing party shall serve an endorsed copy on all parties entitled to notice and complete the following certificate of service:

I CERTIFY A COPY OF THE FOREGOING PLEADING WAS SERVED ON ALL PARTIES ENTITLED TO NOTICE ON _____.

_____
Signature of Filing Party

STATE OF NEW MEXICO

WORKERS' COMPENSATION ADMINISTRATION

_____, WCA No.:_____
Worker,

v.
_____, and

_____,
Employer/Insurer.

SUMMONS FOR APPLICATION TO DIRECTOR

TO: _____ _____
_____ _____
_____ _____

GREETINGS:

You are directed to appear before the Workers' Compensation Administration and respond to this Application. If you chose to file a written response to this Application, you must file your response with the Workers' Compensation Administration Clerk of Court **within 10 days of receipt of this Application** and mail a copy of the response to the filing party within the same time period.

You are notified that, if you fail to appear and respond, the Workers' Compensation Administration may enter a judgment against you for the relief demanded in the Application.

Worker or filing party's representative: _____
Address of Worker or filing party's representative: _____
_____

WITNESSED AND SEALED BY CLERK OF THE WCA

(SEAL)

By:_____

Date:_____

(EACH RESPONDING PARTY MUST BE NAMED IN THE SUMMONS)

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

OUT OF STATE HEALTH CARE PROVIDER AFFIDAVIT

1. I, being duly sworn or affirmed, state: I am licensed as a _____, in the State of _____, and my license to practice is currently in good standing.

2. I acknowledge that I have treated or intend to treat an injured worker involved in a workers' compensation claim governed by the laws of New Mexico.

3. I agree to be bound by the Workers' Compensation Act of the State of New Mexico and all Workers' Compensation Administration (WCA) rules and regulations, including provider fee schedules which establish maximum allowable payments for clinical and non-clinical services.

4. I understand that my designation as an approved health care provider for _____ can be revoked, suspended or conditioned, by written order of the Director of the WCA, at any time, with or without cause; and

5. I understand that if my license to practice in _____ is suspended or revoked, my designation as an approved health care provider is automatically revoked, with or without notice, by the Director of the Workers' Compensation Administration.

_____
Signature

_____
Health Care Provider – Printed Name

_____
Address

_____
City/State/Zip

_____
Telephone

ACKNOWLEDGMENT

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn or affirmed to before me this _____ day of _____, 20____.

_____
Notary Public

My commission expires:
_____

Revised 10/1/15

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____,
Worker,
v.
_____, and WCA No.:_____

_____.
Employer/Insurer.

ORDER GRANTING APPROVAL OF
OUT OF STATE HEALTH CARE PROVIDER

THIS MATTER coming before the Director, pursuant to NMSA 1978, §52-4-1(P), and having reviewed the Application to Director and Affidavit of the proposed health care provider, the Director **FINDS;**

1. The proposed health care provider is licensed in the State of and said license is in good standing.

2. The proposed health care provider has given assurances in the form of an affidavit, satisfying the Director that his/her authorization to act as a health care provider in this particular case will not unduly disrupt the operation of the workers' compensation system in the state of New Mexico.

3. Good cause exists to approve _____ as a health care provider with respect to the injuries of _____, allegedly sustained on or about _____.

IT IS THEREFORE ORDERED as follows:

Subject to the provisions set forth in NMSA 1978, § 52-1-49, _____ is approved as an health care provider for _____.

As an approved health care provider, _____ is subject to the New Mexico Workers' Compensation Act and all rules and regulations promulgated thereunder, including the health care provider fee schedule.

The Director retains the right to revoke, suspend, or place conditions on approval of _____ as a health care provider, without cause.

If the medical license of _____ is suspended or revoked, any approval to treat _____ granted by this Order is automatically revoked and effective as of the day of suspension or revocation.

_____
DARIN A. CHILDERS
WCA Director

Approved as to form:

_____
<Name>, injured Worker

_____
<Name>, payor of workers' compensation benefits